



# **Connecticut Community KidCare**

## **STATUS REPORT**

**A**

**Quarterly Report Submitted to**

**THE CONNECTICUT GENERAL ASSEMBLY**

**April 1, 2004 – June 30, 2004**

**CT Department of Children and Families**

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**Purpose:**

This document serves as the eighth quarterly report issued by the Departments of Children and Families and Social Services regarding the status of the children's behavioral health program, Connecticut Community KidCare. As required by PA01-2, this document serves to update the General Assembly on the progress of this system reform.

## **Overview and Summary of Progress:**

The close of Fiscal Year '04 marks the second full year of operation for many of the community-based KidCare funded services. The past two years have proven both challenging and rewarding as DCF maintains its commitment to providing quality service to children and families in Connecticut. The efforts of the provider community, DCF staff and children and families served have been noteworthy. As the scope of service has expanded, quality has been monitored and adjustments made with input from all involved in the service delivery system.

Funds dedicated to KidCare have supported mobile crisis teams, additional care coordination, intensive home-based services and Extended Day Treatment services. In addition, two Crisis Stabilization units have been developed to address the acute needs of children who do not require immediate hospitalization, but for whom an extended evaluation outside of their home environment is indicated. Despite this service expansion, the behavioral health needs of the children in Connecticut are vast and wait lists exist for all services.

The Departments have continued to work to support structure reforms including establishing a common administrative infrastructure by means of a jointly contracted administrative service organization. These reforms would improve access to community-based services, coordination of services and service quality.

## **Programmatic Update:**

### **Emergency Mobile Services:**

The statewide network of children's mobile crisis teams continues to respond to urgent calls from a variety of sources seeking immediate assistance or consultation regarding a child's behavioral health concern. The sixteen emergency mobile crisis teams have answered over 10,000 calls since the program's inception in 2002.

During the 4<sup>th</sup> Quarter of FY'04 (April 1, 2004 – June 30, 2004, there were **1611** calls to the mobile crisis teams throughout the state. Services were provided to 765 boys and 846 girls. Over half of the calls (899) were made on behalf of children between the ages of 11 and 15. However, a surprising number of calls (73) were received pertaining to children 5 and under. The remaining calls focused on the needs of children between the ages of 6 and 10 (358) and over 16 (281). Of the total number of calls received during this quarter, 394 calls resulted in phone consultation only as the situation did not require immediate clinical intervention. Of the remaining calls, 389 resulted in face-to-face contact in the child's home while another 225 calls resulted in contact with the child in his/her school. Mobile Crisis Teams made 77 visits to local emergency departments to assist with discharge planning for those children whose behavioral crises were not severe enough to warrant immediate hospitalization. 524 calls resulted in initial contact held in clinic offices or other sites requested by the family. Family members and schools continue to make the vast majority of calls to the teams (526 and 500 respectively).

Other callers include DCF staff, shelters staff, care coordinators, outpatient treatment facilities, police and other social service agencies. Approximately 1/3 of the children who received services from the mobile crisis teams were DCF involved. Conversely, 2/3 were *not* known to the Department.

### **Care Coordination:**

Care Coordinators continue to provide assistance to families who need help organizing their child's treatment and identify/procure appropriate services. **253** children were admitted to this service during this quarter out of a total of **410** served. At the close of FY'04, **934** children received this service. The 60 state-funded Care Coordinators work closely with the 27 existing Community Collaboratives (Systems of Care). All are charged with the responsibility of helping caregivers navigate their way through a complex and at times confusing service delivery system. Acting as service "brokers", Care Coordinators help parents identify their child's needs, choose among available service providers, develop and monitor treatment plans and connect the family to more permanent natural support systems. The goal of care coordination is to help keep children at home and in their communities through collaborative involvement of a variety of service systems (mental health, school, juvenile justice, DCF). The majority of children seen by the Community Collaboratives are not DCF involved.

As part of the legislatively mandated independent evaluation of the KidCare initiative, The Human Service Research Institute through a sub-contract with the Child Health and Development Institute evaluated the care coordination process for children who received this service between 11/02 and 7/03. The findings of this evaluation suggest the need for on-going clinical supervision, training, and technical assistance for the care coordinators to ensure quality treatment planning processes are maintained. The evaluation also underscored the need for flexible funding to provide much needed individualized support services to children and families. These recommendations and others provided within this valuable report have been integrated into plans for future expansion and development of Care Coordination services. The complete report can be accessed on the DCF KidCare website or on the CHDI website, [www.chdi.org](http://www.chdi.org).

### **Crisis Stabilization Units:**

Crisis Stabilization Units were developed to assist youngsters in crisis who need extensive evaluation and support but who do not meet criteria for psychiatric hospitalization. The two programs, one, located on the UCONN Health Center campus (operated in collaboration with Wheeler Clinic) and one on the campus of the Children's Center in Hamden, opened in June, 2003, and to date, have collectively served **181** children within their 8 bed programs. While the program is designed to be short term in nature (15 days), approximately one third of the children seen in FY'04 remained far beyond their anticipated discharge date due to lack of alternative placements within the community. Not surprisingly, the DCF involved children who could not return home to

their families, were the clients who experienced the greatest difficulty with timely discharge.

During this reporting period, **53** children were admitted to the Crisis Stabilization Units. The children who utilized this service ranged in age from 10 to 17 years. Approximately half were referred from local Emergency Mobile Crisis teams, while the rest were admitted through an emergency referral from other local community providers or DCF area offices. The most common presenting problems have been reported by the providers as “out of control behavior” and depression with suicidal thoughts. In addition to individual intervention to assess and address the presenting behavioral health challenges, family members (when available) also received therapy and support in learning to understand and address their child’s issues.

### **Intensive Home-Based Services:**

DCF continues to fund a statewide network of intensive home-based services. Teams of mental health professionals and support staff work closely with targeted children and their families to provide intensive treatment and rehabilitative services in the child’s home. Using best practice and evidenced based models, these teams are often employed to assist families when a child is at risk for psychiatric hospitalization or residential care. These services are also supported by dollars dedicated for the treatment of non-DCF involved children through the Mental Health Strategy Board.

Through 24 existing contracts, approximately 200 families can be offered care at any given time. During FY’04, **441** families were served utilizing one of three home-based models, Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Functional Family Therapy (FFT) or Multi-Dimensional Family Therapy (MDFT).

### **Next Steps:**

As Connecticut Community KidCare moves into its third year of service delivery, DCF anticipates funding additional services to expand the current service array. Included in this expansion is therapeutic mentoring, a service designed to address the social and behavioral needs of adolescents through a one to one relationship with a trained and clinically supervised mentor. In addition, DCF is expecting to fund Comprehensive Global Assessment, a specialized evaluation designed to integrate clinical information from previous professional documents with observation, interview and evaluation of immediate need. The Comprehensive Global Assessment is designed to assist caregivers in identifying and developing optimal treatment plans for children with an extensive history within the behavioral health service system. Lastly, the Department is seeking to fund a variety of highly specialized consultation services designed to assist caregivers in implementing a highly individualized behavioral program to address their child’s specific behavioral challenges and support adaptive functioning.